

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">087930472</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51				
2		1		1		1	52				
3		2		1		1	53				
4		①		1		1	54				
5		①		1		1	55				
6		①		1		1	56				
7		①		1		1	57				
8		①		1		1	58				
9		①		1		1	59				
10		①		1		1	60				
11		①		1		1	61				
12		①		1		1	62				
13		①		1		1	63				
14		①		1		1	64				
15		①		1		1	65				
16		①		1		1	66				
17		①		1		1	67				
18						1	68				
19						1	69				
20						1	70				
21						1	71				
22						1	72				
23						1	73				
24						1	74				
25						1	75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		1		1		1	TOTAL IND.				
TOTAL DEP.		16		24		24	TOTAL DEP.				
TOTAL CLAIMS		17		25		25	TOTAL CLAIMS				